

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PROJECT OFFICER GUIDE TO
EMPLOYEE ASSISTANCE PROGRAM SERVICES
(SUPPLEMENT TO THE FAR AND HHSAR)

November 1990

CHAPTER I
INTRODUCTION

PURPOSE OF HANDBOOK

The purpose of this handbook is to offer guidance on contracting for Employee Assistance Program (EAP) services. It is intended for EAP Administrators in the U.S. Department of Health and Human Services (HHS). This handbook replaces the Employee Counseling Services (ECS) Program Director's Handbook.

While all of the various contracting phases are reviewed, the entire contracting process is not described in this handbook. The contracting process is fully described in the Federal Acquisition Regulation (FAR) and the HHS Acquisition Regulation (HHSAR) which contain the contracting rules for obtaining all supplies and services required by the Federal Government. This handbook is a supplement to these documents. It should also be noted that this document does not attempt to address the special procurement issuances or requirements of each region or Operating Division (OPDIV). This handbook does not have the force of regulation, although it is based on the regulations and instructions that apply to the EAP. The revised HHS EAP Personnel Instruction (792-2, 1990) and other relevant changes to the program have also been incorporated.

NEED FOR PROCUREMENT

There are several areas to consider when making the decision about contracting for EAP services. It is recommended that the advantages and disadvantages be weighed before the procurement process begins. Some of these important considerations are discussed below.

Cost is a very important factor when considering whether to contract for EAP services, although other factors also need to be taken into account. One can roughly estimate the cost of contracting for EAP services by multiplying the number of employees that will be serviced by the program by \$20. (This amount is based on the average reported in the 1989 annual OPM report.) This figure should be adjusted upward over time. In-house staff are generally more expensive if salaries, benefits and administrative overhead are taken into account. These costs are, of course, more "hidden" than the visible costs of contracting.

Availability of trained staff is the second major factor to consider. In order to run an in-house EAP, there must be HHS staff available and trained to do EAP work. Even if there are staff who are properly trained, consideration must be given to whether they can adequately service the entire target area. One full-time position is needed for every 3500 employees and back-up

staff is needed to cover vacations, etc. If a full time position(s) is not available or necessary given the size of the client population, will staff assigned have enough time to handle the EAP workload and provide counseling when it is needed? Also, there may be conflicts of interest (real or perceived) if staff wear two hats. For example, one person serving as both the EAP counselor and the employee relations manager is not acceptable by OPM standards. Contracting for EAP services is often a solution to these kinds of staffing concerns.

Access and confidentiality are also important to factor into the procurement decision. In-house staff may not have confidential space available. A contractor may be better able to provide services away from the worksite. On the other hand, employees often respond better to the EAP if it is on-site because of its convenience. It is also critical to consider the program's accessibility to handicapped employees and its ability to store records securely.

Finally, there are some other factors to consider. One is the need for program accountability. It is often easier, for example, to monitor the activities of an in-house program because of its proximity, the use of job performance criteria, etc. The unions' views about these issues may also have an impact on the decision to contract for services. Another consideration is how quickly program implementation or change is needed, particularly if a new program requirement is imposed. Contractors may be able to accomplish these more quickly. A final consideration, which must be based on the workplace culture, is whether the program's credibility will be greater in-house or contracted. Some work organizations, for example, may be particularly "paranoid" about confidentiality matters. It may be better in this kind of situation to contract out.

CONSORTIA (COOPERATIVE AGREEMENTS)

The HHS EAP units are increasingly pooling their resources with other Federal agencies to jointly contract for needed skills and services. These cooperative agreements may be the most economical way to obtain EAP services. They are particularly advantageous in situations where there are many Federal agencies in the same geographic area but each agency alone does not have sufficient resources or staff to provide a quality program.

In some consortia, HHS will be the lead agency and therefore responsible for the contracting process. In others, HHS will be a member agency. Due to the joint nature of cooperative agreements, consortia must meet varying demands from multiple agencies. HHS must assure that all its program requirements are

met under these circumstances. This may require the purchase of supplemental services from the contractor over and above those provided for the consortium as a whole (or supplementing contracted services with in-house ones).

MOVING AHEAD

If procurement of EAP services is found to be the best solution after all the critical factors have been considered, the rest of this handbook is intended to guide you through the process.

CHAPTER II

PRELIMINARY PLANNING ACTIVITIES

INTRODUCTION

This chapter outlines the steps involved in planning for a procurement. (For more explicit information on acquisition planning, see HHSAR 307.1.) These steps take place even before the pre-solicitation documents are created. Advance planning is the best way to assure this process will occur in the most trouble-free and efficient manner. Planning cannot start too soon after it has been decided to contract for EAP services. The process, at best, takes 4-6 months to complete.

DEVELOPING THE CONCEPT

If the idea of contracting for EAP services is not familiar, take the time first to develop the concept. What services do you want to contract for and how will your EAP operate? There are many resources available to assist you with this step, including:

- .current literature and journals on EAPs
- .HHS EAP Director
- .HHS EAP Administrators
- .other Federal EAP Administrators
- .EAP professional associations
- .OPM
- .HHS contracting office
- .colleges and universities with EAP specializations

When developing the program's concept, one needs to consider questions such as:

- .What will be the cost/what can you pay for the contract?
- .How many employees will be covered by the program?
- .How will the contract cover geographically dispersed staff?
- .Are several contractors needed to cover all locations?
- .Is it possible to participate in a consortium?
- .What services will be provided by the contractor?
- .What will be your role in the program?
- .How long will this procurement process take (timeframe)?
- .How long will the contract run?
- .How will the contract funding be obtained?

RESPONSIBILITIES

Before starting the procurement process, it is also important to understand the responsibilities of two key persons: the contracting officer and the project officer. They have separate and complementary roles and are responsible for ensuring the procurement process is completed effectively. The lead responsibility shifts from one to the other during the various contracting phases, as will be seen throughout this handbook.

The contracting officer (C.O.) signs on behalf of HHS and bears legal responsibility for the contract. Only the C.O. can take action to enter into, change, or end a contract.

The project officer (P.O.) supports the C.O. and provides the technical expertise for the contract. Typically, the EAP Administrator serves as the P.O. As a representative of the EAP, the P.O. must ensure that program requirements are clearly defined and that the contract is designed to meet them. He or she is also responsible for selecting the best provider. In addition, the P.O. must also ensure that the provider is complying with all contract requirements, while the contract is in force.

Throughout this handbook, as each stage of the procurement process is discussed, these roles will be amplified.

PROJECT OFFICER TRAINING

HHS regulations require that any person administering a contract (i.e., the P.O.) must have successfully completed the Department's Project Officer Training. (For more information on program training requirements, see HHSAR 307.170.) The HHS EAP Instruction 792-2 also requires the training for any EAP Administrator responsible for contractual EAP services.

Project Officer Training is a comprehensive course which provides the EAP Administrator with a thorough understanding of responsibilities within the contracting process. It will also address the procurement requirements particular to your region or OPDIV. The training office in each location can provide more information on this course.

FUNDING

One of the most critical tasks in the planning stage is to secure a funding commitment for the contract. The remainder of the procurement process cannot proceed without it.

It is best to begin this task by developing a preliminary budget for the contract. The following items should be considered when developing the budget (budget items unique to consortia are discussed in the next section):

- .staffing (one counselor per 3,500 employees is the required staffing pattern plus any administrative and support personnel)

- .benefits for staff (normally a percentage of salaries)
- .materials (such as printing, brochures, office supplies, training films)
- .travel
- .equipment, if needed (such as furniture, telephones, projectors)
- .contractor costs (include office space and other overhead, their fee or profit, management costs)

Several factors may impact each of these budget considerations. The qualifications of the staff, for example, may influence the amount needed for salaries. If the EAP is widely dispersed geographically, it may cost more for travel, office space, and so forth. Any special tasks outside the normal EAP functions (such as implementation of the Drug-Free Workplace Plan) will probably cost more. It is important, therefore, that EAP Administrators use the requirements for their unique programs when developing their estimated budgets.

EAP contracting is often discussed in terms of per capita cost. To find the per capita cost in your unit, divide the budget by the number of employees covered by the contract.

CONSORTIUM PLANNING

If your EAP unit is planning to participate in a consortium, there are several other factors to consider in planning for the contract.

If HHS (not PHS) takes the lead in developing and operating the consortium, the EAP Administrator must make a decision, based on the proposed budget, how to best charge each participating agency. Typically, it is done in one of three ways:

- .per capita assessments- an agency pays according to the size of its workforce; this method assumes the larger agencies will require more of a contractor's time and energy; this is the easiest method to utilize
- .flat fee for all participating agencies- every agency pays the same regardless of its size; this method assumes the amount of effort in running and implementing the EAP is the same no matter what the workforce size
- .fee for service assessments- each agency is charged for the

actual services it is to receive; each service is given a price tag; this method allows each agency to choose which administrative or outreach services (such as training) it wants to receive and to pay only for the clinical services it receives (or each agency can be charged an up-front charge for clinical services, with other services billed on a fee-for-service basis)

Once this decision has been made, funding commitments must be received from participating agencies before the procurement process proceeds. This will most likely require some kind of interagency agreements and transfers of funds.

In addition to budgetary matters, other decisions about operating the program must be made. For example, what kind of reporting does each agency require? Who will be responsible for day-to-day decision making on behalf of the participating agencies? How will major decisions be handled (an interagency steering committee is a possibility)? These types of issues are important to decide beforehand since the procedures must be clearly communicated to the contractor.

If another Federal organization leads the consortium, you may be billed using one of the methods described above. You must make your contract requirements clear to the lead agency. At a minimum, a contractor must conform with the HHS EAP policy, HHS Personnel Instruction 792-2. It should be noted that some Federal agencies, such as PHS, have the authority to charge a separate cost for administering the consortium.

MOVING AHEAD

Once all the planning activities outlined in this chapter are completed, the real work begins on the procurement process. The next chapters are intended to help you through. Do not forget, your C.O. can be a big help to you in completing the upcoming tasks.

CHAPTER III
PRE-SOLICITATION ACTIVITIES

INTRODUCTION

This phase begins the official contracting process. It concerns the basic tasks that the P.O. and C.O. must complete before they approach the business community for proposals. This phase is primarily the responsibility of the P.O. (this handbook assumes the P.O. is the EAP Administrator), although many of the tasks require close cooperation with the C.O.

This phase will result in two major documents: the acquisition planning document and the request for contract (RFC). In addition, procedures for evaluating proposals will be prepared.

ACQUISITION PLANNING DOCUMENT

The acquisition planning document is developed to ensure all procurement approaches are considered and so that any deficiencies in the RFC can be identified early. Although it is not always required, this document is useful in assuring that the contract is awarded on time. (For more explicit information on this document, see HHSAR 307.105-1(d)(2).)

Basically, this document outlines who does what and when. The Department does not prescribe a standard format but the document usually covers this type of information:

- .identification information (name of program, P.O., applicable laws, etc.)
- .programmatic considerations (description of project, funding, need for project, special clearances, reporting/delivery requirements, evaluation plans, etc.)
- .acquisition approach (proposal sources, contract type, etc.)
- .planning for acquisition cycle (schedule)
- .approvals for project

Again, it is best to confer with your local contracting office to see which acquisition planning document information is required.

SPECIAL APPROVALS AND CLEARANCES

Almost every contract requires particular approvals or clearances. When they apply to your EAP contract, these approvals or clearances must be addressed in the acquisition planning document (if necessary) and/or the Request for Contract

(RFC-discussed in next section). (For further information on special approvals and clearances, see HHSAR 307.105-2.)

One approval of particular concern to the EAP is a "system notice" which states that the EAP case records maintained by a contractor fall under the Privacy Act. The P.O. must include a statement about the Privacy Act and its application to the EAP in the RFC. A copy of the "system notice" may need to be attached to the RFC. The EAP Director can assist with information on this notice.

If your contract calls for automated data processing use, printing, training, audiovisual services, or maintenance or reporting of statistics, then special additional clearances may be necessary. Discuss with your C.O. which approvals and clearances apply to your situation. These clearances usually take some time to process, so start early.

REQUEST FOR CONTRACT

The Request for Contract (RFC) is basically what its name implies: a request from the EAP Administrator that the C.O. begin the process necessary to award such a contract. (For more explicit information on the RFC, refer to HHSAR 315.70.) It is a written document that usually consists of an HHS form and appropriate attachments. It is used to create a Request for Proposal (RFP). At a minimum, the following attachments/documents/statements must be included in the RFC. For an elaboration on each item, contact the C.O. or check the Basic Officer Training Handbook. (Note: Requirements may vary from region to region. Please check with your local contracting office.)

- .purpose of contract
- .background history
- .period of performance
- .estimated cost
- .reference material
- .Government property/facilities to be used
- .technical proposal instructions and evaluation criteria
- .sources for solicitation
- .data for future acquisitions
- .deliverables
- .special approvals/coordinations/clearances
- .statement of work (discussed more below)
- .special terms and conditions
- .identification and disposition of data
- .justification for other than full and open competition (if applicable)

.identification of the P.O.

STATEMENT OF WORK (SOW)

The statement of work (SOW) is the most important component of the RFC and of the entire contracting process. It describes the work to be done, defines the responsibilities of everyone involved, and provides the measure by which the P.O. will know when the contractor's work is complete. (Refer to HHSAR 307.105-3 for more explicit information.)

The SOW must be precisely worded because it will be read and interpreted by many people and it becomes part of the official contract. If it is not exact, it can result in contract management problems and unsatisfactory contractor performance. The Project Officer Training Manual states that the SOW influences all the phases of the acquisition process. It determines the type of contract that is awarded, influences the number and quality of proposals received, and serves as a baseline against which to evaluate proposals, and later, contractor performance.

Contracting requirements vary locally, as do some aspects of the EAP, so each SOW will have some unique features. Contacting your local contracting office to find out the specific content requirements for your SOW is always recommended. However, usually the SOW will (at a minimum) contain the following information:

.background- provides reasons why the contract is necessary, and the statutory authority for an EAP

.objectives- gives the purpose of the contract, what results and benefits are expected

.work to be performed- summarizes the entire contract and its phases, defines project limitations, must be consistent with next section

.detailed project requirements- delineates exactly what is expected of the contractor, gives the specific tasks and the amount of effort they are to receive, defines any deliverables

.reporting schedule- defines what reports are due (used to demonstrate progress and compliance), their content and format, the number of copies to submit and to whom they are submitted

.references- contains any documents referred to in the rest of the SOW, definitions

EAP SOW REQUIREMENTS

In addition to the general guidelines described above, there are several requirements of the EAP that must be incorporated into the SOW. It is important that EAP contracts meet certain minimal standards so that they are consistent with the policies and procedures required by OPM and HHS. These requirements are described below.

.All contractors must agree to abide by the laws and regulations concerning Federal and Departmental EAPs, particularly HHS Personnel Instruction 792-2, the confidentiality regulations, the Privacy Act, and the National Archives and Records Administration General Records Schedule No.1. Contractors must be able to demonstrate their understanding of how these impact on the operation of the EAP.

.All contractors must understand and accept any labor-management agreements that exist in the regions or agencies.

.All contract staff must meet, at a minimum, the EAP staff qualifications found in HHS Personnel Instruction 792-2.

.Contractors must agree to utilize the current HHS forms or forms that contain the same information. They must also agree to participate in the HHS Management Information System (MIS) and in collecting data necessary for the annual OPM report or other program evaluations.

.SOWs must require the core EAP tasks found in HHS Personnel Instruction 792-2. These include: (Note: Sample language for these tasks is found in Appendix A, "Sample Statement of Work", following this handbook.)

-providing services to all employees in the area covered by the contract and to family members under certain circumstances

-assessing employees' problems and, when necessary, referring them to community facilities for treatment; at times, short-term counseling and crisis intervention may also be appropriate; follow-up and monitoring are also required; contract staff must be made aware that the EAP is not designed for long-term or on-going counseling

-submitting evidence that information about appropriate and qualified community resources is maintained and reviewed periodically by the contractor and that there are liaisons with these facilities, when appropriate

-providing managers and supervisors with guidance in confronting employees with job performance and behavior problems and how best to refer them to the EAP; contractors must develop relationships with managerial staff as well as EEO specialists, health units, security staff, etc.

-providing initial supervisor training to all supervisors/managers within the first few months of contract implementation; when initial training has already been provided, contractors are expected to periodically offer initial training for new supervisors and refresher training for any supervisors who may need a review of EAP guidelines

-providing initial program orientation to all employees within the first few months of contract implementation; contractors must also provide orientations periodically so that any new employees may learn of the EAP; a written piece of information about the EAP (such as a wallet card or pamphlet) and how to access it must be provided at these sessions

-providing informational programs (available to all employees) periodically so that employees are aware of the various personal problems that may affect their ability to function on the job

-providing, at a minimum, all the information necessary for the P.O. to complete required reports, especially the HHS MIS forms and the OPM annual report

-cooperating with the EAP Administrator on operating quality assurance programs

.Counselors must be available during normal working hours. At all other times, the contractor must provide a method of assisting with emergency situations. Employees who cannot speak with a counselor immediately when they call should receive a call back within the same day.

.Contractors must demonstrate that they carry sufficient professional liability insurance for their staffs.

.When applicable, contractors must demonstrate that there is no conflict of interest regarding use of their own treatment facilities.

.The SOW must outline the responsibilities of all HHS persons involved with the EAP (managers, EAP Administrator, EAP Director, etc.).

.The SOW must provide the definitions of specific EAP language used in the contract. These can be incorporated into the "References" section.

.The SOW must provide requirements for the location of the EAP. Ideally, the EAP counseling office should be on-site or within a short distance from the work location. In regions where the population is dispersed, the counseling office should be within a one hour commute from the worksite. If the office is beyond this radius, contract counselors should arrange to meet employees at a closer agreed-upon location, whenever necessary. It should be noted that telephone counseling may be the most effective method for reaching employees in remote locations but wherever possible, calls should be followed by a face-to-face contact. Offices should also be accessible to handicapped employees.

EVALUATION CRITERIA

The previous section described the SOW as the most critical document in the RFC and perhaps the entire acquisition process. While writing the SOW, it is important to plan the technical evaluation criteria because these two parts of the RFC are intimately connected. The evaluation criteria will be used to determine which offeror is best qualified to provide the services being purchased. The criteria should describe the characteristics or technical attributes of an offeror that will best assure that the required tasks will be accomplished in a timely manner and with the highest degree of quality. (For more explicit information on factors for award, see HHSAR 315.406-5(c).)

Evaluation criteria permit an objective assessment of the merits of individual proposals against standards, rather than against other proposals. These criteria will be explained in the Request for Proposal (RFP) so that potential contractors will be aware of how their proposals will be evaluated and how they may best devote their efforts in preparing their proposals.

Evaluation criteria must be clear, concise, and fair. They

should:

- .be described in sufficient detail to provide offerors and evaluators with a total understanding of the factors to be used in the evaluation process
- .address the key programmatic concerns that the potential contractors must be aware of in preparing proposals
- .be applicable to the particular EAP SOW, not merely general, restated criteria from other SOWs
- .be selected to represent only the most significant factors in the EAP SOW; all criteria tend to lose importance if too many are included

After preparing the evaluation criteria, an indication of each one's relative importance or weight must be given. For example, if the entire technical proposal has a possible total score of 100 points, 40 points may be assigned to the offeror's understanding of the problem, or a 40% weight.

The acquisition of EAP services is concerned more with the technical approach to the problem than with the cost. (Although cost is always a factor in selecting proposals, it is not the controlling one.) Therefore, cost or price is not generally included as one of the evaluation criteria. Offerors must be told of the relative importance given to cost as opposed to other criteria, however. Therefore, the RFP must contain a statement such as, "You are advised that paramount consideration shall be given to the evaluation of technical proposals rather than cost or price."

A sample evaluation criteria format is included as Appendix B, following this handbook. It was prepared to accompany the sample SOW found in this chapter. It is provided for general guidance and should be varied to suit the requirements of each individual EAP unit's SOW.

SOURCES FOR SOLICITATION

Within the EAP field, the P.O. becomes familiar with many potential sources, including their technical capability, resources, experience and performance history. He or she should use this knowledge to develop a recommended source list for the C.O., who will solicit these potential offerors directly, as well as advertise the RFP in the Commerce Business Daily. In some situations, contracts may be set aside for small or disadvantaged business concerns, in which case the sources list must reflect

these factors.

The process of solicitation is described further in the following chapter.

CHAPTER IV

SOLICITATION AND AWARD OF CONTRACT

INTRODUCTION

This chapter covers the steps in the contracting process from soliciting proposals to awarding the contract. The P.O. plays a supporting though important role at this stage with the C.O. primarily responsible for most of the solicitation and award activities.

REQUEST FOR PROPOSALS (RFP)

The Basic Project Officer Training Manual states, "The purpose of the RFP is to convey information that prospective offerors need to prepare a proposal." It must therefore be clear, complete, accurate and consistent. The C.O. is responsible for preparing the RFP with the assistance of the P.O. Much of the RFP is derived directly from the RFC, including the SOW, or is otherwise furnished by the P.O., who has the technical knowledge to describe the services being solicited.

The RFP must meet certain objectives. The SOW must clearly describe the work to be done by the contractor. The RFP must clearly state how proposals must be prepared; and evaluation criteria and their weight must be explained. The RFP requires that technical and business proposals be submitted separately and that the two proposals provide all the information needed to properly evaluate the offerors. Once the RFP is completed, it is advertised as discussed in the previous chapter. The C.O. receives and manages the process until the proposals are ready to be reviewed by the technical evaluation panel. (For more explicit information on RFPs, refer to HHSAR 315.4-6.)

WHILE AWAITING RESPONSES

Occasionally, the P.O. and the C.O. may decide that it is in their best interest to hold a pre-proposal conference. These may be held to clarify work statements, disseminate background information, discuss anticipated difficulties, etc. Whenever possible, the conference should be announced in the RFP. It is conducted by the C.O., with the P.O. in attendance to provide support. A record of the proceedings is prepared for distribution to all recipients of the RFP.

In the interval between the RFP release and the contract award, the P.O. should have no contact with the offerors (except at the pre-proposal conference, if one is held). All contact at this time must be through the C.O., and the RFP should state this fact explicitly. All mail and telephone calls shall be directed to the C.O. If, for any reason, one offeror is given information that goes beyond what is contained in the RFP, the same

information must be given to all other organizations responding to the solicitation.

TECHNICAL EVALUATION PANELS

While waiting for proposals, the P.O. forms a technical evaluation review panel. This is a very important responsibility since the panel is responsible for reviewing all the proposals submitted in response to the RFP and determining which are technically acceptable. In addition, the panel makes recommendations to the chairperson regarding clarifications and deficiencies; reviewing supplemental, revised, and/or 'best and final' offers; and if required, assisting the C.O. during discussions and negotiations with offerors. (For more explicit information on panels, see HHSAR 608-71.)

The technical evaluation panel should be composed of Government employees, including the P.O., with knowledge and/or expertise in the EAP field. If this kind of expertise is not available in an HHS EAP unit, explore utilizing qualified Government persons from other places such as other Federal agencies, from the EAP Director's office, or other EAP Administrators. Outside evaluators may be used when EAP expertise is not available within the Government.

HHS acquisition policy requires that at least 50% of the persons selected for the panel must have successfully completed the basic Project Officer Training course or its equivalent. This also includes panel members from other Federal agencies. Although members from outside of HHS would not have taken the HHS training course, they should have taken equivalent courses within their agencies. In any event, the C.O. is the person making the final decision on the acceptability of all panel members.

Panel members may not have an apparent or real conflict of interest related to any proposal being evaluated, and are asked to certify this fact. Panel members should be available throughout the entire evaluation and selection process to ensure continuity and consistency in the treatment of proposals. There may be instances, however, when a full panel review is not necessary but this can only be decided by the C.O.

The C.O. convenes the panel and addresses the initial meeting. He or she will explain the basic evaluation ground rules. Every evaluator reads each proposal, describes its strengths and weaknesses, and develops preliminary scores in relation to each evaluation criteria developed for the RFP. No judgment factors other than those set forward in the RFP may be used. The panel then collectively ranks the proposals (numerical scores must be

accompanied by supporting, documented narrative), identifying each of them as either acceptable or unacceptable, and prepares a final report for submission to the C.O. The C.O. then reviews the business proposals. The technical evaluation panel may be asked to comment on some aspects of the business proposals.

NEGOTIATIONS

The P.O. may be asked to work with the C.O. to develop a negotiating strategy in order to come to agreement with each offeror whose proposal is acceptable yet has some minor deficiencies or needs some clarification. Either written or oral negotiations must be conducted with each of these offerors.

The C.O. then provides each offeror who submitted a technically acceptable proposal with the specific questions and deficiencies, if any, raised by the technical evaluation panel with regard to its proposal. Each offeror is then given the opportunity to clarify, correct or improve its proposal through a "best and final" offer. "Best and final" offers are subject to a final evaluation. (For more explicit information on negotiations, see HHSAR 315.610; on best and finals, see HHSAR 315.611.)

SELECTION

Selection of an offeror is then made from the best and final proposals. Even though the C.O. will determine the formal selection, the P.O. will provide a great deal of input at this stage. The C.O. is responsible for preparing the final contract and transmitting it to the contractor for approval and signature.

DEBRIEFING

The P.O. may be asked by the C.O. to assist in debriefing unsuccessful offerors (if they have requested this in writing or orally). A debriefing is intended to tell the offeror where the proposal was considered weak and deficient and whether these were factors in its not having been selected as well as to identify the factors that were the basis for selection of the successful contractor. (For more explicit information on debriefing, refer to HHSAR 315.1003.) The debriefing should not reveal confidential or privileged commercial or financial information, techniques, etc. of other offerors or the merits or technical standing of the other unsuccessful offerors. Offerors also have the right to protest an award. Responding to a protest is typically handled by the C.O. but may require assistance from the P.O.

CHAPTER V

POST-AWARD ACTIVITIES

INTRODUCTION

This chapter discusses the administration of the EAP contract after its award. The P.O. must ensure that all contract requirements are fulfilled and monitor the contractor's performance closely to make sure services provided are satisfactory. In addition, he or she must fulfill the Government's responsibilities in getting the program started. Therefore, this stage of the process is just as critical as getting the contract awarded. (For more explicit information on contract administration, refer to HHSAR Part 342.)

GETTING THE PROGRAM STARTED

It is important that the P.O. ensure that the Government meet its responsibility in getting the EAP contract underway. These responsibilities will be clearly stated in the SOW. These might include (using the sample SOW found in this handbook as an example):

- .identifying and arranging for the meeting of key HHS staff
- .identifying numbers and locations of supervisors to be trained (first time) and employees to be oriented (first time)
- .identifying numbers and locations of other key HHS staff who will receive briefings
- .arranging for contractor use of Government facilities and audiovisual equipment for all briefings, training, and orientations
- .supplying copies of all relevant, current HHS and OPM forms which will need to be completed throughout the contract
- .assisting with the initial publicity of the program
- .providing information on employee health benefits

ON-GOING PROGRAM PARTICIPATION

The P.O. is also responsible for certain tasks that assist in the on-going operation of the EAP. For example, the P.O. will:

- .arrange for dates and locations of record reviews
- .arrange for other quality assurance activities (discussed later in this chapter)

- .identify numbers and locations of supervisors to receive follow-up and refresher training

- .identify numbers and locations of all employees to receive the follow-up orientations

- .arrange for contractor use of Government facilities and audiovisual equipment for all follow-up/refresher training, orientations and any other educational activities (if applicable)

OTHER CONTRACT ADMINISTRATION TASKS

In addition to the activities described above, the P.O. is responsible for other contract administration tasks. These are:

- .approving invoices for payment in accordance with contractual terms

- .monitoring the quality and quantity of contract deliverables

- .monitoring sub-contractors (including affiliates)

- .overseeing any contract modifications and/or terminations where authorized

- .serving as liaison to the C.O.

- .assisting with the contract closeout (at the request of the C.O., the P.O. must complete a report on the services provided and their impact)

LIMITATIONS OF THE P.O.

In actuality, the C.O. is the person having legal responsibility for the contract. He or she authorizes the P.O. to perform the tasks outlined in the previous section. In order to complete these tasks, the P.O. is typically authorized to correspond directly with the contractor, hold meetings with the contractor, conduct on-site visits, and provide direction to the contractor (within the scope of the contract).

If modifications must be made to the contract or if there are any disputes around the contract, the C.O. is the person responsible for any changes or resolutions. The P.O. can not ask the contractor to perform work not specified in the contract.

MONITORING THE QUALITY AND QUANTITY OF CONTRACT DELIVERABLES

One of the most important contract administration tasks listed above is monitoring the quality and quantity of contract deliverables. By monitoring this closely, the P.O. can be better assured that HHS employees are receiving quality services. In addition, he or she will become aware quickly of any deficient areas so that they can be corrected.

The quantity of the deliverables (whether or not a product or service was completed, was on time, was an appropriate quantity, etc.) can easily be monitored with a checklist that is created using the SOW. The checklist may be simplest if the tasks are listed in chronological order. Indicate what is due, the date it is due, the number of copies due, and any other relevant information and then leave lines next to each one to check the actual date, etc. when the deliverables were completed. A partial checklist was developed as an example using the SOW found in this handbook. The checklist can be found in Appendix C, following this handbook.

The quality of the services provided are a little more difficult to measure. Some measurement tools (such as training evaluations) can be built into the SOW. Others must be developed by the P.O. and used on a regularly scheduled basis. This may include tools such as site visits or review of client records. The major areas to assess for quality are:

- .supervisor training (participant satisfaction, quality of materials, etc.)

- .employee orientations

- .program location (accessibility, privacy, record storage, etc.)

- .record keeping (legibility, case-coding use, proper consents completed, content of sessions clear, concise, logical, notes in chronological order, etc.)

- .clinical interventions (accurate assessments, referrals made appropriately, referrals consistent with assessed problem, follow-up/monitoring frequency and appropriateness, records reflect actions taken, clients handled professionally, client satisfaction and success, supervisors consulted, etc.)

- .credentials maintained by staff

- .MIS forms completed accurately (numbers reported match number of files, what kinds of trends, any remedial action

necessary, etc.)

.education and outreach (utilization of materials/sessions, comments from employees, is outreach appropriate to worksite, etc.)

.health benefit information (is it kept nearby, is it current, etc.)

.referral resource files (do they exist, how are they maintained, are all major problems covered, are they current etc.)

Depending on the contract developed for any individual EAP unit, other areas to monitor may be added or some of these deleted. These monitoring activities may be part of an overall EAP quality assurance plan developed by the EAP Administrator. The sample SOW and HHS Personnel Instruction 792-2 call for regular participation by the contractor in quality assurance and evaluation type activities. The tools discussed in this chapter can be used for those purposes.

APPENDIX A

SAMPLE STATEMENT OF WORK

SAMPLE STATEMENT OF WORK

BACKGROUND

The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616) and the Drug Abuse Treatment Act of 1972 (P.L. 92-255) authorized federal agencies to provide appropriate alcohol and drug services for civilian employees. P.L. 79-658 also authorized heads of Departments to establish health services programs to promote and maintain the physical and mental fitness of employees.

In 1986, the Omnibus Drug Enforcement, Education and Control Act (P.L. 99-570) was enacted. That law reiterated Congressional concern about the prevention of illegal drug use and the treatment of federal employees who use drugs. Also in 1986, Executive Order 12564 established further requirements for agencies and employees in order to obtain a drug free federal workplace. P.L. 100-71 (1987) was enacted to establish requirements for implementation of the Executive Order. The employee assistance program (EAP) was given a major role in each of these. In 1988, Congress passed the Anti-Drug Abuse Act, which reinforces the idea of a drug free workplace and the need for EAPs.

The Secretary of HHS, in 1979, created a department-wide EAP to not only service HHS employees but also be the model program for the entire federal government. In 1982, the Assistant Secretary for Personnel Administration issued HHS Instruction 792-2, the policy and procedural guidelines for the EAP. It was amended in 1990. The HHS EAP operates 16 geographically based programs (of which the Washington Region is one) under the policy direction of the Department's EAP Director.

In the Washington Region, the EAP is directed by the EAP Administrator, who reports to the Regional Personnel Officer. Employees in this region span the full range of socioeconomic categories and are culturally diverse.

This Statement of Work (SOW) contains the following sections: Project Objectives, Summary of Work to be Performed, Policy Issues, Detailed Task Requirements, and Staff Qualifications.

PROJECT OBJECTIVES

HHS views the EAP as an effective method for handling employees whose alcohol, drug, and other personal problems are affecting their ability to function on the job. The Department is also committed to the EAP as an adjunct to a drug free workplace. The broader objectives of the program delivered under this contract are to reduce the costs associated with troubled employees (such as absenteeism, accidents, sick leave, lowered productivity) and to contribute to the creation of a drug free workplace.

SUMMARY OF WORK TO BE PERFORMED

This contract calls for the provision of a comprehensive Employee Assistance Program (EAP) for 10,000 employees of the U.S. Department of Health and Human Services (HHS). The contract is for one year with two one-year renewal options. The HHS employees work for the Office of Human Affairs (OHA) and are clustered geographically in five locations within the Washington Region. The locations and number of employees at each are:

-Wayson (Headquarters)	5,000
-Lisbon	1,500
-Laurel	1,500
-Spring	1,000
-Clinton	1,000

The remainder of this section summarizes the tasks to be performed. (A later section provides detailed contract requirements.) Although some of the tasks fall into both areas, the contract differentiates between implementation activities and ongoing activities. The differentiation is presented merely to clarify the contract requirements.

The implementation tasks are primarily administrative in nature and are:

- Meet with key HHS staff
- Train supervisors
- Orient employees
- Develop a confidential record-keeping system
- Arrange for participation in the program's MIS
- Develop a quality assurance program

The ongoing tasks primarily involve the counseling functions of the EAP. Also, several of the administrative tasks planned and developed during the program's implementation will actually take place during this ongoing part of the contract. The tasks are:

- Assess client problems
- Refer clients to appropriate facilities for resolution of

- problems
- Follow-up/Monitor client progress
 - Provide short-term counseling and crisis intervention
 - Consult with managers and supervisors
 - Conduct follow-up supervisor training
 - Conduct follow-up employee orientation
 - Provide ongoing education and outreach
 - Maintain health benefit information
 - Maintain liaisons with key HHS offices

POLICY ISSUES

This entire contract must operate in accordance with the policy established in HHS Personnel Instruction 792-2 (revised 1990). Every contractor should be familiar with this document. A copy is found in SOW Appendix A. Some of the policy considerations found in 792-2 are highlighted below.

Scope. The EAP is available to all HHS employees, regardless of the nature of their personal problems. The program is also available to family members (either a relative of an employee or someone in a primary relationship with an employee) in two situations. 1.) The counselor may see the family member whether or not the employee is seen by the EAP when the family member has a problem that is connected with the employee's alcohol or drug abuse. In such circumstances, the family member may be the client of the program and receive all of its services. 2.) The EAP may see the family member in situations where the employee has a personal problem that may be helped by seeing the family member or when the personal problem of the family member is affecting the employee's ability to function on the job. In these situations, the program's client is the employee, not the family member, and the EAP's services are provided to the employee. In addition, the family member may be seen only if the employee him/herself is seen by the EAP, or if the intent of the EAP is to see the employee. In some situations, the EAP may assess and refer for treatment the family or couple as a unit. It is not the intention of this contract to provide EAP services convenient to the locations of family members but rather make the services available at the sites offered to employees.

Leave usage. Employees are on official duty when they meet with the EAP, providing they obtain consent from their supervisors in the manner described in the instruction. Employees not wanting to inform their supervisors of their use of the EAP must arrange appointments on their own time. Employees referred for treatment or other assistance in the community must request approved leave if the treatment or other assistance occurs during the employee's

scheduled work day.

Job security. Except for limitations described in the instruction, no employee's job security or promotional opportunities will be jeopardized solely for requesting counseling assistance from the EAP. Except as described in the instruction, the EAP is voluntary, even when an employee is referred by a supervisor. The EAP, however, is not intended to protect employees from corrective action when their work performance or conduct is not adequate and does not improve.

Confidentiality. This is a primary concern of the EAP. EAP counseling records and information from employee visits will be kept in a confidential manner, in accordance with laws, regulations, and HHS instruction. All contractors are expected to conform to these standards in running the program.

Cost. There are no charges to employees for the services of the EAP. If an employee accepts any referral to an outside community resource, the employee is responsible for the cost of that treatment or assistance. The contractor will work with the employee to try to keep the cost within the employee's financial means.

Referrals. Employees who suspect they have an alcohol, drug or emotional problem, whether or not it currently affects their work, are encouraged to use the EAP on their own in a confidential manner. In addition, supervisors and managers are encouraged to refer employees whose work performance or conduct is deteriorating to the program when ordinary supervisory methods do not bring about improvement. Both types of referrals will receive the same services from the EAP.

Staff qualifications. The required qualifications for contractor staff are described in HHS Personnel Instruction 792-2. These requirements are reflected in a later section of this document. Selection of staff should reflect the ethnic mix of this region.

Drug free workplace initiative. Executive Order 12564 and its implementing legislation recognize that illegal drug use is seriously impairing a portion of the Federal Government's workforce. In response to this, HHS developed the Drug Free Workplace Plan to set forth the objectives, policies, procedures, and implementation guidelines necessary to achieve a workplace free of drugs. The Plan outlines responsibilities in four areas: 1) employee assistance; 2) employee education; 3) supervisor training; and 4) identification of illegal drug use through drug testing on a carefully controlled and monitored basis. Only the first three involve the EAP. The requirements of this plan are

reflected throughout this SOW.

Program location(s). HHS will provide suitable office space for counselors servicing headquarters employees. The offeror must provide office space to service all other locations. Each office site must be within a one hour commute from the work location. They must also allow for confidentiality of counseling sessions and secure maintenance of records, be pleasant and accessible to wheelchair-bound employees. Evidence of the availability, accessibility and suitability of office space for this program must be submitted with the proposal.

Labor-management relations. An important aspect of the EAP is its cooperation with the unions that represent HHS employees. Unions are considered essential to the success of the program and are sources of employee referrals. The offeror must demonstrate sensitivity to and familiarity with union issues.

DETAILED TASK REQUIREMENTS

This section provides the detailed work required of the contractor. The tasks below are presented in the same order as the summary section above. Specifically, the contractor will provide the following:

A. Implementation Tasks

1. Meeting with key HHS staff.

Within 14 days of the contract starting date the contractor will arrange appointments and meet with several key people who are important to the operation of the program and the contract. These include the Project Officer, Regional Personnel Officer, Training Officer, and others selected by the Project Officer. The purpose of these meetings is to develop working relationships, exchange information, and share ideas on the program's operation.

2. Supervisor training.

a. Training will be provided to supervisors and managers for several purposes. One is to develop their understanding of HHS Personnel Instruction 792-2 so that they will make use of the EAP when it is appropriate and will use the correct procedures when referring employees. Another is to provide them with information (such as prevalence of problems and symptoms of early work deterioration) and skills (such as confrontation and documentation) that will allow them to more effectively manage the troubled employee.

b. The offeror shall submit a training plan. It is expected that some of this proposed plan (such as the schedule) will be altered after the award of the contract (see 2.i. below). The offeror's plan should cover:

- training schedule and locations (tentative)
- training content (outline and methods used, what each module will accomplish)
- copies of handouts and other materials used in training (samples)
- name of contract staff providing training
- description of alternate training methods for supervisors located in remote areas or who have other logistical concerns

c. The Project Officer will assist the contractor with numbers of persons to be trained at each location and with notifying them. At this time, there are approximately 1,000 supervisors (with no previous EAP training) to be trained.

d. There are other key HHS staff that may require separate briefings on the EAP and its services. These may include personnel officers, labor relations specialists, medical officials, security staff, EEO staff, and union officials. The Project Officer will identify these key people and their locations at the start of the contract. Their training may be briefer than the sessions outlined below.

e. Training sessions will run for a minimum of 2 hours and a maximum of 4 hours. Classes will contain a maximum of 25 participants. Sessions will be held at HHS or other government facilities with all necessary audiovisual equipment provided. The Project Officer will assist with obtaining space and equipment.

f. Ninety (90) percent of all the supervisors and managers identified by the Project Officer shall receive initial supervisor training within 90 days of the date the training plan is approved. The other 10% will be trained in follow-up efforts (described in a later section).

g. In each of the 12th, 24th and 36th months of the contract, the contractor shall provide 1-2 sessions (depending on the need) in each location for any new supervisors, managers and key personnel.

h. The content of training must cover, at a minimum, the topics listed below. It should be noted that HHS has developed an EAP training package that can be used, if

desired.

- Description and philosophy of the EAP
- Policy, laws, regulations, and MSPB cases that concern EAP
- Relationship of the EAP to the HHS Drug Free Workplace Plan
- Prevalence and kinds of personal problems in the workplace
- Signs and symptoms of work performance deterioration
- Documenting work performance deterioration
- Confronting the employee on the deterioration
- Procedures for referral to the EAP
- How the EAP can help both supervisors and their employees
- What happens after a referral
- Confidentiality
- Other policy issues such as leave usage, supervisor memos, relationship to disciplinary action and performance appraisal

Use of a variety of techniques, including, but not limited to exercises, role plays, and films, are recommended to help participants to understand the EAP process, how and when to use it, and how to refer others.

i. Within 15 days of the contract starting date, the contractor will submit a final training plan that reflects any required changes to the plan submitted with this proposal (in 2.b. above).

4. Employee orientation.

a. All employees shall receive orientation on the program so that they become aware of its services and aware of the kinds and prevalence of personal problems that may affect their work performance. Another purpose is to encourage employees to seek help early in resolving personal issues, before they affect work performance.

b. The offeror shall submit an orientation plan. It is expected that some of this proposed plan (such as the schedule) will be altered after the award of the contract (see 3.h. below). The offeror's plan shall cover:

- orientation schedule and locations (tentative)
- orientation content (outline and methods to be used, what each module will accomplish)
- copies of handouts and other materials used in

- orientations (samples)
- name of contract staff conducting orientations
- description of alternate orientation methods for employees located in remote areas or who are unable to receive the scheduled orientation because of other logistical concerns.

c. The Project Officer will assist the contractor with numbers of persons to be oriented and their locations after the award of the contract. It is expected that approximately 75% of the 10,000 OHA employees will receive the initial orientations. The other 25% are expected to be oriented in follow-up efforts (described in a later section).

d. Orientation sessions will run for 30-60 minutes and shall be scheduled at various times of the workday to accommodate different schedules. Sessions will be held at HHS or other government facilities with all necessary audiovisual equipment provided. The Project Officer will assist with obtaining space and equipment.

e. Employees identified by the Project Officer shall receive an orientation within 90 days of the date the orientation plan is approved.

f. The content of the orientations must cover, at a minimum, the topics listed below:

- Description and philosophy of the EAP
- Brief description of the policy, laws and regulations that concern the EAP
- Relationship of the EAP to the Drug Free Workplace Plan
- Prevalence and kinds of personal problems
- Symptoms of work performance deterioration
- How the EAP can help and how to seek assistance
- Confidentiality
- Other policy issues such as leave usage, cost, co-worker problems and so forth

g. All orientation participants should be provided with some written materials (pamphlet, wallet card, leaflet, etc.) describing the EAP and providing the access telephone numbers.

h. Within 15 days of the contract starting date, the contractor will submit a final orientation plan that reflects any required changes to the plan submitted with

this proposal (in 3.b. above).

4. Development of a confidential record-keeping system.

a. The offeror shall submit a plan to maintain a record-keeping system for EAP clients. The plan should include:

- An awareness and understanding of the policies, laws and regulations affecting the confidentiality of client records, particularly HHS Personnel Instruction 792-2, the National Archives and Records Administration General Records Schedule No. 1, 42 CFR Part 2 and the Privacy Act
- A list of which contractor staff will have access to client records and demonstration of their ability to handle confidential records
- A description of how the records will be stored to ensure their safe keeping, including how storage of files in this multi-site program will be handled
- A description of how case records will be maintained (their contents, assignment of case codes, file destruction, etc.)

b. Case files must contain notes on every contact regarding employees, with the most recent information filed on top. Each file must contain a complete assessment that will include, at a minimum, problem areas (and a justification and/or data on each problem), referrals made (and a rationale for the referrals), case outcome, and follow-up plans and/or agreements. Each entry must be signed and dated.

c. All records of the EAP are considered to be the property of HHS, Washington Region. Upon the expiration of the contract, the case files will be surrendered to the Project Officer, HHS, Washington Region. No records of any kind may be transferred from one contractor to another without the express written consent of the Project Officer.

d. It is required that case files be reviewed as part of this contract. (See ongoing tasks.) The Project Officer may have access to the records for the purposes of transferring them from one contractor to another and for program oversight, record destruction, evaluation, and quality assurance. These actions do not constitute disclosures under the confidentiality regulations (42 CFR Part 2) and Departmental EAP policy.

e. HHS, Washington Region, will be responsible for

destroying all case records according to procedures described in HHS Personnel Instruction 792-2 and National Archives and Records Administration General Records Schedule No. 1. The contractor is responsible for providing the Project Officer with the files that are eligible for destruction. The contractor is responsible for transferring closed files in the confidential manner prescribed by HHS.

5. Management Information System.

a. The contractor will be required to participate in an ongoing review of the EAP that is conducted by the EAP Director's office. It involves the completion of four quarterly reports and one annual report each year. It is expected that the contractor will set up the data collection procedures for this management information system at the start of the contract.

b. These forms are relatively brief in nature and are contained in SOW Appendix B. The Project Officer will provide the contractor with the most current forms (if they have been revised since the release of this RFP) and instructions for the completion of the forms. Note that these forms may be slightly altered during the contract period to meet the requirements of another Federal agency. The contractor will be responsible for completing the current forms. The Project Officer will be responsible for letting the contractor know about any form changes in an expeditious manner.

c. The quarterly forms are due 15 days following the close of each quarter. The quarters are:

October 1-December 31 (report due January 15)
January 1-March 31 (report due April 15)
April 1-June 30 (report due July 15)
July 1-September 30 (report due October 15)

d. The annual report covers the Federal Government's fiscal year (October 1-September 30) and is due October 15 of each year. The data collected in the annual report is used, among other things, for completing the U.S. Office of Personnel Management's Annual Report on EAP activities. There may be times when this report is distributed for completion by the contractor in addition to the annual report described above. The Project Officer will be responsible for letting the contractor know this information in an expeditious manner.

e. The contractor is responsible for completing these reports whenever they are due except if a due date falls within the first thirty days of the original contract starting date (this does not apply to contracts being renewed).

6. Quality Assurance Program.

a. HHS Personnel Instruction 792-2 requires that the Washington Region develop procedures for assessing and assuring the quality and appropriateness of its services. The contractor is required to participate in these efforts as described below.

b. The offeror shall submit a plan for quality assurance. This plan should include both HHS minimum quality assurance standards (below) and other steps taken by the contractor to assure the quality of its administrative and clinical services. It is expected that this plan, with the exception of some logistical concerns, will be ready to implement when the contract starts.

c. The minimum quality assurance requirements for HHS to be included in the proposed plan are:

- An evaluation of every supervisor training session that will be completed by the participants and will evaluate whether training purposes and objectives were achieved. The contractor will submit the form to be used for this purpose with this proposal. It must be approved by the Project Officer before being used.
- Surveys of participants in employee orientations and other outreach activities. Because of the volume of employees who may attend such events, it is not required that every participant be surveyed. It is expected, however, that a representative sample be surveyed. The instruments for conducting these surveys will be submitted by the contractor with this proposal. They must be approved by the Project Officer before being used.
- Surveys of EAP clients and supervisors that will assess their level of satisfaction with the clinical services received. These surveys shall be built into the clinical process so they get completed on every client within three months of date of initial contact with the EAP. This will include new and re-activated clients. These surveys must be handled in a

confidential manner and in a manner that is not intrusive to the clients. The logistics for this process and the instrument(s) to be used shall be discussed in this proposal and finalized within 30 days of the start of the contract.

- On a preannounced schedule two times per year, HHS will conduct a review of randomly selected EAP case records. Checks will be made for such areas as completeness of all forms, appropriateness of referrals, follow-up efforts, physical condition of the file, rationales for actions taken, and so forth. This schedule will be arranged by the Project Officer and the contractor within the first 30 days of the contract. If any major problems are detected in the reviews, more reviews may be scheduled. It is expected that the contractor will take corrective action as determined by the Project Officer for any major deficiencies discovered in these reviews. This is an area of utmost importance to HHS. Serious problems that are not corrected may be grounds for contract termination.
- Contractors are required to have a peer case review process, including meetings among clinical staff at least once per month. If any major problems are detected in the reviews, they shall be reported to the Project Officer along with a plan for corrective action within 10 working days of the review.
- All service complaints shall be investigated by the contractor and reported to the Project Officer within 10 working days of the incident. Corrective actions shall be indicated in the report.
- Contractors must have a method for evaluating treatment and community facilities. The logistics of this effort and any instruments used shall be submitted with this proposal. Files containing referral information may be reviewed by the Project Officer any time throughout the life of the contract.
- Contractors are expected to keep data that will allow for the determination of the program's utilization rate. The utilization rate is expected to approach at least 5% annually. If it falls below 4%, the contractor shall be penalized financially. This is a major issue in considering renewal for option years. Utilization rate is defined as the number of employees

for whom a case file was created divided by the number of employees eligible for the services. This number is then multiplied by 100 to obtain a percentage. For example, if 23 employees used the program (and had a file created) and there are 200 employees serviced by the EAP, divide 23 by 200 to obtain the number .115. Multiply this by 100 to obtain 11.5 and this is the utilization rate or percentage.

d. In addition to the minimum HHS quality assurance procedures described above, indicate any other self-evaluation methods to be utilized by the contractor in the program plan.

e. All quality assurance plans must cover sub-contractors or affiliates, if they are used.

B. Ongoing Tasks

1. Clinical activities.

Within 14 days of the contract starting date, the contractor is expected to begin the clinical activities listed below. The offeror shall submit a plan for how these services will be offered including the number of hours each location will be staffed, names of staff proposed for each location, how after hour emergencies will be handled, and so forth.

a. Assessment- counseling sessions during which the nature and extent of the problem are determined; typically this activity takes 1-4 sessions but the best determinate is always sound clinical judgment

b. Referral- action to refer an employee to one or more community resources to receive treatment, if necessary

c. Short-term problem solving- limited sessions with counselors to resolve problems that are not better resolved by a referral to a community resource; this activity is separate from the assessment process described above, although it is recognized that the two activities may overlap; typically this activity takes no more than 4-6 sessions but the number of sessions must be based on sound clinical judgment

d. Follow-up- monitoring by counselors of the employee's progress during and after treatment; the length and type of follow-up will be determined by the needs of the employee using the program

e. Supervisor consultations- sessions between the EAP and a supervisor/manager to discuss a potential supervisory referral, to assist a supervisor in dealing with and communicating with a potential referral or current EAP client, or to follow-up on a referred employee's progress

f. Provision of information- responses to requests for informational materials and education on any issues related to personal problems

g. Drug-Free Workplace counseling- some of the clients utilizing the EAP will be referred as a result of the Department's drug testing program or because of the provisions for safe harbor; these persons will receive the same services described above and, in addition, will require that the counselor have meetings with appropriate persons to develop a Job Rehabilitation Contract for the employee; typically these contracts will involve the supervisor, employee relations specialists, the employee, and treatment providers; employees seeking help under safe harbor provisions will have different requirements for the Job Rehabilitation Contract; in addition, the follow-up required for both of these kinds of cases is typically very structured; at the start of the contract the Project Officer will further brief the contractor on these logistics; it is expected that these cases will constitute a small percentage of total cases; the contractor will also be required to provide one informational session for job applicants outside of HHS who apply for an HHS job and who test drug positive; the contractor must designate a coordinator who will be responsible for handling positive drug testing results as discussed in the HHS Drug-Free Workplace Plan.

2. Follow-up supervisor training.

a. For those supervisors having already completed the initial basic supervisor training within the past year, the contractor will provide refresher training according to the provisions below. These persons will not be part of the population trained under the implementation phase of this contract. The number of supervisors requiring refresher training is approximately 1,000. These persons will be identified by the Project Officer. The Project Officer will assist with notifying supervisors.

b. Eighteen months after the start of the contract, one half of these supervisors shall have received the refresher training. The other half shall receive the training by the end of the 30th month.

c. The content of this training shall address problems encountered in the past, review EAP procedures, and present any changes to the program.

d. Class size shall be limited to 30 persons.

e. Sessions shall last approximately 1-2 hours.

3. Ongoing employee orientation.

a. Every 12 months, beginning in the twelfth month of the contract, the contractor shall provide 1-2 orientations for all employees new to the Department and to any employees requesting refresher orientations. This shall take place in each location.

b. The content shall follow the outline given under the implementation tasks.

c. The Project Officer shall identify these employees one month before the scheduled orientations and will be responsible for informing them of the logistics.

d. All orientations shall be held in government buildings in space provided by HHS. The space shall be arranged by the Project Officer.

4. Ongoing education and outreach.

a. In each of the five Washington Region locations, the contractor is responsible for conducting at least two face to face educational sessions per year. In the first year, sessions will be held at five months and eleven months after the start of the contract. Subsequent sessions will be held every six months, starting seventeen months after the start of the contract. These sessions should cover current mental health topics that will assist in self-identification and give visibility to the EAP. The topics and speakers shall be approved by the Project Officer at least one month before the scheduled session. HHS will provide the space for conducting these sessions and will assist with their publicity.

b. In addition to the sessions in 4.a. above, the contractor will be responsible for providing ongoing alcohol and drug abuse education in each of the five Washington Region locations, as a part of the Drug-Free Workplace. In the eighth month after the start of the contract, the contractor will conduct face to face educational seminars specifically

on the topic of alcohol/drug abuse. At least one shall be held in each location. In subsequent years, one session per year will be held in each location. The content and speakers (if any) must be approved by the Project Officer at least one month before the scheduled sessions. HHS will provide the space and assist with the publicity of the sessions.

c. At each location, the contractor will make printed material available in a convenient location within 14 days after the start of the contract. The materials will be kept current and remain available throughout the entire contract. They will be put in a format that allows employees to take them. Typical problems to be covered include alcohol/drug abuse, family issues, stress, health, and other mental health topics.

d. A quarterly newsletter will be distributed to all employees of the Washington Region beginning four months after the start of the contract. The newsletters should address a wide variety of topics related to employee mental/physical health and welfare. Each newsletter should be no more than two typewritten pages that will be presented on one page, double sided. The copy should be clear and able to be photocopied in large quantities. Each newsletter shall be submitted to the Project Officer at least one month before its scheduled distribution for approval. HHS will then take responsibility for getting the newsletters copied and distributed to all employees.

e. Other forms of program promotion such as posters, flyers, and so forth are also to be used. This shall include general printed information on how to use the EAP that will be distributed to any employees not able to attend orientation sessions and to all employees on an annual basis. The offeror shall submit sample promotional material and proposed distribution strategy.

5. Miscellaneous administrative tasks.

a. The contractor is responsible for maintaining current employee health benefit information in the offices where counseling takes place. HHS will provide this information within the first 14 days after the contract begins.

b. Within the first seven days after the start of the contract, the contractor must assign individuals (one for each location) who will serve as liaisons to key HHS staff.

c. A number of the activities described under the implementation tasks are expected to continue after the start-up period of the contract. This includes quality assurance, evaluation, resource development and maintenance of a confidential record-keeping system. The contractor shall continue these efforts throughout the life of the contract.

C. Other Contract Reporting

In addition to the requirements outlined above, several other reports are expected of the contractor. They are:

1. Quarterly narrative reports.

Every three months, beginning three months after the start of the contract, the contractor shall submit a brief narrative report summarizing all EAP activities for the previous quarter. These are due 10 days past the close of the quarter to the Project Officer. The reports should include:

- A summary of all EAP activities completed in the quarter such as training, educational activities, and clinical activities
- A summary of any quality assurance and other evaluation findings
- A description of any problems encountered during the quarter and any actions taken (if any) as a result
- Plans for the upcoming quarter
- Brief summaries of two cases seen during the quarter, being careful not to violate any confidentiality protection; include the nature of the referral to the EAP, assessment, interventions taken, and any follow-up plans

2. Final narrative report.

At the end of the contract, the contractor is responsible for submitting a final narrative report. It is due to the Project Officer thirty days after the close of the contract. It should include:

- A brief summary of all EAP activities conducted over the life of the contract

- An overall review and reflection of how the program proceeded during the contract, i.e. major obstacles, attitude of employees, logistical concerns
- A description of any significant trends in EAP activities, particularly clinical ones, that can be gleaned from the quarterly reports
- Any significant evaluation or quality assurance findings
- Recommendations for future EAP activities

D. Summary of Contract Deliverables

Tasks:	Amount:	Due (after contract start date):
Meet with key HHS staff	NA	14 days
Submit final training plan	3 copies	15 days
Submit final orientation plan	3 copies	15 days
Complete initial supervisor training (for approx. 900)	34-40 sessions: Wayson 18-20 Lisbon 5-6 Laurel 5-6 Spring 3-4 Clinton 3-4	90 days after training plan approved
Complete initial employee orientations (for approx. 6300)	60-80 sessions: Wayson 30-40 Lisbon 9-12 Laurel 9-12 Spring 6-8 Clinton 6-8	90 days after orientation plan approved
Submit MIS quarterly reports	3 copies 4 times per year	15 days after close of each quarter (Jan 15, Apr 15, July 15, Oct 15)
Submit MIS annual report	3 copies 1 time per year	15 days after close of fiscal year (Oct 15)

Submit final client satisfaction survey instrument	3 copies	30 days
Participate in quality assurance visits	2 times per year	To be arranged
Perform clinical activities (at each location)	Ongoing	14 days
Complete refresher supervisor training (one half)	10 (approx.): Wayson 5 Lisbon 1-2 Laurel 1-2 Spring 1-2 Clinton 1-2	In 18th month
Complete refresher supervisor training (one half)	10 (approx.): Wayson 5 Lisbon 1-2 Laurel 1-2 Spring 1-2 Clinton 1-2	In 30th month
Complete supervisor training for new supervisors	15-30 sessions (1-2 at each location)	In 12th, 24th, and 36th months
Complete employee orientations for new employees	30 (approx. 2 at each site, 3 times)	In 12th, 24th and 36th months
Complete educational sessions	60 sessions (2 at each site, 6 times)	In 5th and 11th months then every 6 months
Complete Drug Free Workplace education	5 sessions (1 at each site, 3 times)	In 8th, 20th and 32nd months
Make printed materials available at each location	5 locations	14 days
Complete newsletters	3 copies 4 times per year	Every three months starting 3rd month
Maintain health benefit information	Each location ongoing	HHS will provide information w/in 14 days

Identify contract liaisons	NA	7 days
Complete narrative quarterly reports	3 copies 4 times per year	15 days after the close of each quarter starting 3rd month
Complete final narrative report	3 copies	30 days after contact termination

STAFF QUALIFICATIONS

A. Specific Staff Qualifications

1. Project Director is the contract staff member responsible for the overall management of the contract and for reporting to the Project Officer. This person may or may not perform counseling duties as part of this role.

a. If the Project Director does not perform counseling duties, he or she must meet, at a minimum, these qualifications:

- Demonstrated ability in program management
- Knowledge of the various policies, regulations, Federal Personnel Manual (FPM) issuances, and laws governing the operation of EAPs in the Federal Government and in HHS
- Agreement to uphold professional standards of conduct including prohibition against referring clients to oneself in a private capacity. This also includes a prohibition against referring to persons/facilities with which the Project Director has any financial interests unless it can be demonstrated that there is some overriding clinical reason (such as cost or quality being the best for the client or that there are no other treatment facilities available in the area).

b. If the Project Director does perform counseling duties, he or she must meet, at a minimum, those qualifications outlined in 1.a. above and these:

- If a clinical social worker, the person must be trained at the master's level and possess a current State license or State certification. If these credentials are not available either through the State in which the individual is employed, domiciled or permanently resides, the individual must possess and maintain certification by a nationally recognized social work certifying organization (such as the Academy of Certified Social Workers or the Federation of Clinical Social Workers). This national certification process must require a master's degree in social work and at least two years of post-degree practice supervised by a social worker who is licensed or certified at this same level.
- If a clinical psychologist, the person must possess and maintain a valid, current, unrestricted State license or State certification.
- If a psychiatrist, the person must possess and maintain a current and unrestricted State license.
- If a psychiatric nurse, the person must possess and maintain a current, valid State license/registration as a professional nurse.
- If the person holds a graduate degree in another mental health field (typically these include master of counseling, master of counseling psychology, master of marriage and family counseling), it must be demonstrated that the academic training included a supervised clinical experience. This individual must possess and maintain a current State license or State certification (appropriate to the degree) from the State in which he or she is employed, domiciled or permanently residing. If such credentials are not available, the individual must possess and maintain certification by a nationally recognized certifying board such as the National Board of Certified Counselors (NBCC). The certification must require a supervised clinical experience of at least two years.
- Must have demonstrated proficiency in the area of assessing and counseling alcohol and drug abusers or be certified in this area by State or local governments or by another authorized certification board.
- Must have demonstrated proficiency in the provision of

human services in the workplace or be certified in this area by an academic institute or a nationally recognized association such as the Certified Employee Assistance Professional (CEAP).

-Should maintain active membership in the professional association appropriate to his or her degree.

2. Counselors provide counseling assistance and consultative activities. All counselors must agree to uphold the professional standards of conduct discussed in 1.a. above. This SOW differentiates between three types of counselors, each having its own required qualifications.

a. Counselors who supervise other clinical staff must meet, at a minimum, all of the qualifications outlined in 1.b. above.

b. Staff counselors are those in non-supervisory clinical positions. Except for psychiatrists, recently graduated master's degree holders who do not meet supervised practice requirements for licensure or certification may be employed as staff counselors but must work under the direct supervision of a practitioner who meets the qualifications listed in 1.b. above. Appropriate licenses/certifications must be obtained within two years of the contract starting date.

c. Clinical interns may be utilized for this contract providing they are training at the graduate level in a mental health profession. They must be closely supervised by a contract staff member meeting all of the qualifications in 1.b. above. Interns may not constitute more than 20% of the clinical time dedicated to this contract.

B. Other Staffing Requirements

1. Staffing ratio and ethnic mix. It is expected that the staff dedicated to this total contract (including all locations) will equal a ratio of 1:3500 employees. Staff selection should reflect the ethnic mix of employees in this region.

2. Staff availability. Counseling staff must be available in person during normal HHS duty hours. At all other times there shall be an emergency telephone service. Contract staff shall take the same holidays as HHS. If any primary staff member is unavailable due to vacation, conferences,

and so forth, a qualified substitute must be provided.

3. Professional development. It is expected that all contract staff will continue their professional development, appropriate to their staff position and any licensing or certification requirements.
4. Liability insurance. It is required that all contract staff, regardless of position, have liability insurance coverage. Proof of coverage shall be submitted with the proposal.
5. Staff changes. Any contract staff member who moves to another position to work on this contract must meet the requirements for the position to which they are moving. It is expected that the contractor will provide stable staff with a low turnover rate. In the event that any key staff are replaced or added to this contract after the starting date, that person(s) must meet all the qualifications for that position and be approved by the Project Officer.

SOW APPENDIX A

HHS PERSONNEL INSTRUCTION 792-2 (1990)

SOW APPENDIX B
REQUIRED REPORTING FORMS

APPENDIX B

SAMPLE TECHNICAL PROPOSAL EVALUATION CRITERIA

SAMPLE TECHNICAL PROPOSAL EVALUATION CRITERIA

A. General

Proposals will be evaluated for their technical quality without regard to cost. The offeror shall show that the objectives and tasks in the SOW are understood and that there is a thorough plan for their achievement. The criteria for evaluating proposals are grouped into three areas: technical approach to the required tasks, facilities, and personnel qualifications. The specific criteria to be used in evaluating the proposals and their weights are indicated below.

B. Technical Approach to Required Tasks (45 points)

1. Knowledge of and/or experience in EAP and workplace counseling concepts, principles and operations.
2. Plan for operation of the EAP including supervisor training, employee orientations, clinical aspects, education and outreach, and developing/maintaining relationships with community facilities.
3. Plan for managing the day-to-day operation of the program including how all geographic areas will be serviced, how support (administrative and clinical) will be provided to the on-site EAP staff, relating to the management structure in HHS, how the uniform implementation/operation of the program will take place.
4. Methods of maintaining required confidentiality of client information.
5. Awareness of and/or experience with the special needs of HHS OHA and its employees and its labor-management situations.
6. Plan for ensuring the quality of EAP services provided including quality assurance checks, evaluation plans, how corrective actions may be taken (if necessary) in deficient areas.

C. Staffing Approach and Qualifications (40 points)

1. Plan for staffing the various HHS OHA offices.

2. Plans for providing 24 hour coverage, including times when key staff are unavailable.
3. Methods for assuring the professional development of EAP staff.
4. Staff qualifications (training, certifications, and experience).
5. Adequate staff to employee ratio.
6. Provides evidence of liability insurance for all staff.

D. Facilities (15 points)

1. Suitability and accessibility of proposed office space.
2. Provides positive evidence of the availability of this space.
3. Facilities convenient to employees in each of the OHA locations.

APPENDIX C

SAMPLE DELIVERABLE CHECKLIST (PARTIAL)

SAMPLE DELIVERABLE CHECKLIST (PARTIAL)

<u>Deliverable</u>	<u>Amount</u>	<u>Due Date</u>
Meet with key HHS staff 14	# Due: NA	Due: April
Completed:_____		
Initial supervisor 30	# Due: 34-40 sessions	Due: June
training	# Completed:	
Completed:_____	Wayson _____	
	Lisbon _____	
	Laurel _____	
	Spring _____	
	Clinton_____	
Initial employee 30	# Due: 60-80 sessions	Due: June
orientation	# Completed:	
Completed:_____	Wayson _____	
	Lisbon _____	
	Laurel _____	
	Spring _____	
	Clinton_____	
MIS quarterly reports days	# Due: 3 copies	Due: 15
	(4x year)	after
close	# Received:	of
quarter	Jan 15 _____	Received:
	Apr 15 _____	Jan 15
_____	Jul 15 _____	Apr 15
_____	Oct 15 _____	Jul 15
_____		Oct 15

So forth